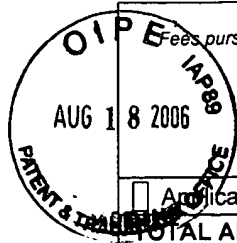




<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number 980034.422C1																								
Application Number 10/729,822		Filed December 5, 2003																								
For COMPOSITIONS AND METHODS FOR ELIMINATING UNDESIRE SUBPOPULATIONS OF T CELLS IN PATIENTS WITH IMMUNOLOGICAL DEFECTS RELATED TO AUTOIMMUNITY AND ORGAN OR HEMATOPOIETIC STEM CELL TRANSPLANTATION																										
Art Unit 1644		Examiner Michail A. Belyavskyi																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 30%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td style="text-align: center;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$450</td><td style="text-align: center;">\$225</td><td style="text-align: center;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1020</td><td style="text-align: center;">\$510</td><td style="text-align: center;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1590</td><td style="text-align: center;">\$795</td><td style="text-align: center;">\$ <u>1,590</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2160</td><td style="text-align: center;">\$1080</td><td style="text-align: center;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>50,461</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34. _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><hr style="width: 80%; margin: 5px auto;"/><div style="display: flex; justify-content: center;"><div style="width: 60%;">Signature</div><div style="width: 40%;">Date</div></div><div style="display: flex; justify-content: center; margin-top: 5px;"><div style="width: 60%;">Julie A. Urvater, Ph.D., Patent Agent</div><div style="width: 40%;">206-622-4900</div></div><div style="display: flex; justify-content: center; margin-top: 5px;"><div style="width: 60%;">Typed or printed name</div><div style="width: 40%;">Telephone Number</div></div></div><div style="width: 50%; text-align: center; margin-top: 20px;"><hr style="width: 80%; margin: 0 auto;"/><div style="display: flex; justify-content: center; margin-top: 5px;"><div style="width: 60%;">August 18, 2006</div><div style="width: 40%;">206-622-4900</div></div><div style="display: flex; justify-content: center; margin-top: 5px;"><div style="width: 60%;">Date</div><div style="width: 40%;">Telephone Number</div></div></div></div>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ <u>1,590</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____																							

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

**Complete if Known**

Application Number	10/729,822
Filing Date	December 5, 2003
First Named Inventor	Ronald Berenson
Examiner Name	Michail A. Belyavskiy
Art Unit	1644
Attorney Docket No.	980034.422C1

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,590)

**METHOD OF PAYMENT (check all that apply)**

- ☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments    ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>17</u> -20 or HP =	<u>0</u> X	_____ =	_____	Fee (\$)
				Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>1</u> -3 or HP =	<u>0</u> X	_____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 =	_____ /50 =	_____ (round up to a whole number) x	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Four Month Extension of Time Fee

Fees Paid (\$)

1,590**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent			Date	August 18, 2006